



Saint Paul Fire Department
 645 Randolph Avenue
 Saint Paul, MN 55102
 (651) 224-7811

NFIRS-1 Basic

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62210	MN	12	31	2021	Station #4 (04)	SPFD211231057289	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract: 0345.00

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

829		3RD	ST-Street	E-East
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55106
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C Incident Type</p> <p>111-Building fire</p>	<p>E1 Dates and Times</p> <p>Alarm 12 31 2021 12:25</p> <p>Arrival 12 31 2021 12:29</p> <p>Controlled [] [] [] []</p> <p>Last Unit Cleared 12 31 2021 14:41</p>	<p>E2 Shifts and Alarms</p> <p>C 1 D3</p> <p>Shift Alarms District or Platoon</p>
	<p>D Aid Given Or Received</p> <p><input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None</p> <p>Their FDID [] [] Their State [] []</p> <p>Their Incident Number [] [] [] []</p>	<p>E3 Special Studies</p> <p>9244 4-Unknown</p> <p>ID# Value</p>

<p>F Actions Taken</p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p>	<p>G1 Resources</p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <p>Apparatus Personnel</p> <p>Suppression 1 0</p> <p>EMS 3 0</p> <p>Other 1 0</p> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	<p>G2 Estimated Dollar Losses and Values</p> <p>Losses: Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 20,000.00 <input type="checkbox"/></p> <p>Contents: \$ 2,000.00 <input type="checkbox"/></p> <p>Pre-Incident Values: Optional None</p> <p>Property: \$ 138,600.00 <input type="checkbox"/></p> <p>Contents: \$ [] <input checked="" type="checkbox"/></p>
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Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/>	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		

J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, Place of Worship 161 <input type="checkbox"/> Restaurant or Cafeteria 162 <input type="checkbox"/> Bar/Tavern or Nightclub 213 <input type="checkbox"/> Elementary School, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 331 <input type="checkbox"/> Hospital	341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary 342 <input type="checkbox"/> Doctor/Dentist Office 361 <input type="checkbox"/> Prison or Jail, Not Juvenile 419 <input checked="" type="checkbox"/> 1- or 2-Family Dwelling 429 <input type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical Hotel or Motel 459 <input type="checkbox"/> Residential, Board and Care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and Beverage Sales	539 <input type="checkbox"/> Household Goods, Sales, Repairs 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 700 <input type="checkbox"/> Manufacturing Plant 819 <input type="checkbox"/> Livestock/Poultry Storage (Barn) 882 <input type="checkbox"/> Non-Residential Parking Garage 891 <input type="checkbox"/> Warehouse
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Outside 124 <input type="checkbox"/> Playground or Park 655 <input type="checkbox"/> Crops or Orchard 669 <input type="checkbox"/> Forest (Timberland) 807 <input type="checkbox"/> Outdoor Storage Area 919 <input type="checkbox"/> Dump or Sanitary Landfill 931 <input type="checkbox"/> Open Land or Field 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared for Plot of Land 946 <input type="checkbox"/> Lake, River, Stream 951 <input type="checkbox"/> Railroad Right-of-Way 960 <input type="checkbox"/> Other Street 961 <input type="checkbox"/> Highway/Divided Highway 962 <input type="checkbox"/> Residential Street/Driveway 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <input type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

L Remarks: Fire crews were dispatched to smoke coming from a 2.5 story residential structure. On arrival District Chief 3 upgraded the fire response to a fire assignment due to heavy smoke coming from the attic. The structure was vacant and condemned. Squad 1's crew deployed an 1 3/4 attack hose line through side Charlie for primary fire attack. Engine 17's crew deployed a 2 1/2 with a bundle and backed up Squad 1. Ladder 7 performed a primary search on all floors (Negative) and then performed overhaul on the second floor. Engine 24 and Engine 9 established water supplies. Engine 4 and Ladder 7 performed roof ventilation in several locations due to fire in the knee walls. Ladder 8 was IRIT and Squad 2 performed fire investigation duties. District Chief 2 was Safety Officer and provided side Charlie conditions while Car 50-EMS Coordinator assisted with rehab. Fire was contained to the attic and second floor. The structure was vacant and board up was contacted to secure the building.

M Authorization				
<input type="text" value="4588"/>	<input type="text" value="Farina, Anthony"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="12/31/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="4588"/>	<input type="text" value="Farina, Anthony"/>	<input type="text" value="DC"/>	<input type="text" value="C3"/>	<input type="text" value="12/31/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A	62210	MN	12	31	2021	Station #4 (04)	SPFD211231057289	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text" value="2"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in the building of origin whether or not all units became involved</p> <p>B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved Number of buildings involved</p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)</p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text" value="74-Attic: vacant, crawl space above top story"/> Area of Fire Origin</p> <p>D2 <input type="text" value="10-Heat from powered equipment, other"/> Heat Source</p> <p>D3 <input type="text" value="10-Structural component or finish, other"/> Item First Ignited</p> <p>D4 <input type="text" value="65-Fiberboard, particleboard, and hardboard"/> Type of Material First Ignited</p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input checked="" type="checkbox"/> U - Cause Undetermined After Investigation</p> <p>E2</p> <p>Factors Contributing to Ignition</p> <p><input type="text" value="Undetermined"/> Factor Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p>Check all applicable boxes</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/> Equipment Involved</p> <p>Brand <input type="text"/></p> <p>Model <input type="text"/></p> <p>Serial # <input type="text"/></p> <p>Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/> Equipment Power Source</p> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary Portable equipment normally can be moved by one or two persons.</p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned <input type="checkbox"/> 2 - Involved in ignition, but did not burn <input type="checkbox"/> 3 - Involved in ignition and burned <input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text"/> Mobile Property Type</p> <p><input type="text"/> Mobile Property Make</p> <p><input type="text"/> Mobile Property Model</p> <p><input type="text"/> Year</p> <p><input type="text"/> State</p> <p><input type="text"/> License Plate Number</p> <p><input type="text"/> VIN</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available <input type="checkbox"/> Arson Report Attached <input type="checkbox"/> Police Report Attached <input type="checkbox"/> Coroner Report Attached <input type="checkbox"/> Other Reports Attached</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NFIRS-3 Structure Fire

<p>I1</p> <p>Structure Type</p> <p><input checked="" type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other</p>	<p>I2</p> <p>Building Status</p> <p><input type="checkbox"/> 1 - Under Construction <input type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input checked="" type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p>	<p>I3</p> <p>Building Height</p> <p><input type="text" value="3"/> Number of Stories At/Above Grade <input type="text" value="1"/> Number of Stories Below Grade</p>	<p>I4</p> <p>Main Floor Size</p> <p><input type="text" value="900"/> Total Square Feet OR <input type="text"/> BY <input type="text"/> Length (ft) X Width (ft)</p>
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<p>J1</p> <p>Fire Origin</p> <p><input type="text" value="3"/> <input type="checkbox"/> Below Grade Story of Fire Origin</p> <p>J2</p> <p>Fire Spread</p> <p><input type="checkbox"/> Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input checked="" type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin</p>	<p>J3</p> <p>Number of Stories Damaged By Flame</p> <p><input type="text"/> Number of Stories w/Minor Damage (1-24%) <input type="text"/> Number of Stories w/Significant Damage (25-49%) <input type="text"/> Number of Stories w/Heavy Damage (50-74%) <input type="text"/> Number of Stories w/Extreme Damage (75-100%)</p> <p>*Count the roof as part of the highest story</p>	<p>K</p> <p>Type of Material Contributing Most to Flame Spread</p> <p>K1 <input type="text"/> Item Contributing Most to Flame Spread K2 <input type="text"/> Type of Material Contributing Most To Flame Spread</p>
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<p>L1</p> <p>Presence of Detectors</p> <p><input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined</p> <p>L2</p> <p>Detector Type</p> <p><input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p>	<p>L3</p> <p>Detector Power Supply</p> <p><input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>L4</p> <p>Detector Operation</p> <p><input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined</p>	<p>L5</p> <p>Detector Effectiveness</p> <p><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined</p> <p>L6</p> <p>Detector Failure Reason</p> <p><input type="checkbox"/> 1 - Power Failure, Shutdown, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p>
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<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined</p> <p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if fire was within designed range of AES</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if fire was within designed range</p> <p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/> Required if system operated</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined Required if system failed or not effective</p>
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